

We **prefer** you email your requests for records. **Please use one email per property.** Please be specific about records requested. Multiple requests under one email and/or form may be over looked. *FYI: emails are easier to process and generally take less than 20 days to process.* Faxed requests may take up to 30 days to process.

TO: belinda.reed@maryland.gov

SUBJ: Records Search Request for (911 address of property – or tax ID number)

BODY OF EMAIL SHOULD BE SOMETHING LIKE: Please send me well/septic/perc records for the above referenced property. The Map is __, Parcel __ (Lot number if in sub'd and name of subdivision)

Please do not send attachments with your email.

If you are unable to email a request complete the form below; submit your request either thru mail or fax to 410 479 4082

FREEDOM OF INFORMATION ACT REQUEST FOR RECORDS SEARCH

Complete sections A-C only. PLEASE PRINT. Please use separate forms for separate parcels.

CANNOT PROCESS INCOMPLETE APPLICATIONS. Please allow 30 business days processing time

Under State Government Article 10-611-628 a records search is requested for property listed below:

A) APPLICANT (Request information be faxed to (Fax#): _____

NAME: _____

BUSINESS NAME (if applicable) _____

Mailing address: _____
Include Street or Post Office Box, City, State, ZIP CODE

DAY PHONE: _____

B) Information requested for property located at: (911 address) _____

CURRENT OWNER: _____

NAME OF SUBDIVISION _____

SPECIFIC RECORDS REQUESTED:

MAP _____ GRID/BLOCK _____ PARCEL _____ LOT# _____

☐ PERC ☐ SEPTIC ☐ WELL ☐ OTHER (SPECIFY) _____

Applicant's Comments:

If copies made, I understand that a minimum \$1 fee will be charged for copies under 4 pages and additional fees assessed for more than 4 copies. I also understand that if staff time in record retrieval takes more than two (2) hours, then additional fees will be assessed.

X _____

C) Applicant's signature

Date

-----HEALTH DEPARTMENT USE ONLY-----

FILE CONTAINED INFORMATION RESTRICTED BY LAW? _____ IF YES, DESCRIBE ACTION BELOW:

H.D.COMMENTS:

_____ COPIES MADE \$ _____ PAID RECEIPT # _____

DATE FILE RETRIEVED: _____

WITNESS TO INSPECTION: _____

:S\FORMS:RS and email protocol.2014.doc

CUSTODIAN SIGNATURE